

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 23 1940 573

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 79

Registration District No.

Primary Registration District No. 4351

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town New Florence Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lucy Sidener 356

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J.P. Sidener 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 31 st 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Osage Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Mc Farlin 13. Birthplace Un Known (City, town, or county) (State or foreign country)
14. Maiden name Un Known 15. Birthplace no (City, town, or county) (State or foreign country)

16. (a) Informant Claude Johnson (b) Address New Florence Mo

17. (a) Burial (b) Date thereof 3/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence Cem

18. (a) Signature of funeral director C. W. Hopkins (b) Address Montgomery City Mo

19. (a) 3/28/40 (b) James A. Helm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town New Florence (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 / 18 / 40 day _____ year 8 hour _____ minute _____ p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw her alive on _____, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis

Due to Primary in Right Breast

Due to Hemorrhages of Breast

Other conditions. _____ (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. J. T. Anderson (M. D. or other) My-40
Address Montgomery City Date signed 3/21/40

Duration

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, xxx on the 18
day of March 1940....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.